

AMENDED IN ASSEMBLY APRIL 10, 2013

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 496

Introduced by Assembly Member Gordon

February 20, 2013

An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists. Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochairs of the task force. *Existing law requires that the task force consist of, among other people, the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California.* Existing law *additionally* requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists ~~that~~ *who* provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.

This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity, *or his or her designee*, as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. *The bill would authorize a designee of the Director of Consumer Affairs to serve as cochair of the task force and would authorize designees of the Executive Director of the Medical Board of California and the Executive Director of the Dental Board of California to serve as task force members.* The bill would require the licensed task force members and advocate task force members to ~~provide~~ *be providers* of health services to, or ~~advocate~~ *advocates* on behalf of, members of language and ethnic minority groups as well as lesbian, gay, bisexual, and transgender groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.

This bill would additionally require the program to address lesbian, gay, bisexual, and transgender groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, and transgender medical societies. The bill would also redefine the term “cultural and linguistic competency” as understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care,

and awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations. The bill would also make related technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 852 of the Business and Professions Code
2 is amended to read:
3 852. (a) The Task Force on Culturally and Linguistically
4 Competent Physicians and Dentists is hereby created and shall
5 consist of the following members:
6 (1) The Deputy Director of the Office of Health Equity, *or his*
7 *or her designee*, and the Director of Consumer Affairs, *or his or*
8 *her designee*, who shall serve as cochairs of the task force.
9 (2) The Executive Director of the Medical Board of California,
10 *or his or her designee*.
11 (3) The Executive Director of the Dental Board of California,
12 *or his or her designee*.
13 (4) One member appointed by the Senate Committee on Rules.
14 (5) One member appointed by the Speaker of the Assembly.
15 (b) Additional task force members shall be appointed by the
16 Director of Consumer Affairs, in consultation with the Office of
17 Health Equity, as follows:
18 (1) Representatives of organizations that advocate on behalf of
19 California licensed physicians and dentists.
20 (2) California licensed physicians and dentists ~~that~~ *who* provide
21 health services to members of language and ethnic minority groups,
22 as well as lesbian, gay, bisexual, and transgender groups.
23 (3) Representatives of organizations that advocate on behalf of,
24 or provide health services to, members of language and ethnic
25 minority groups, as well as lesbian, gay, bisexual, and transgender
26 groups.
27 (4) Representatives of entities that offer continuing education
28 for physicians and dentists.
29 (5) Representatives of California's medical and dental schools.
30 (6) Individuals with experience in developing, implementing,
31 monitoring, and evaluating cultural and linguistic programs.

1 (c) The duties of the task force shall include the following:

2 (1) Developing recommendations for a continuing education
3 program that includes language proficiency standards of foreign
4 language to be acquired to meet linguistic competency.

5 (2) Identifying the key cultural elements necessary to meet
6 cultural competency by physicians, dentists, and their offices.

7 (3) Assessing the need for voluntary certification standards and
8 examinations for cultural and linguistic competency.

9 (d) The task force shall hold hearings and convene meetings to
10 obtain input from persons belonging to language and ethnic
11 minority groups, as well as lesbian, gay, bisexual, and transgender
12 groups, to determine their needs and preferences for having
13 culturally competent medical providers. These hearings and
14 meetings shall be convened in communities that have large
15 populations of language and ethnic minority groups, as well as
16 lesbian, gay, bisexual, and transgender groups.

17 (e) The task force shall report its findings to the Legislature and
18 appropriate licensing boards on or before January 1, 2016.

19 (f) The Medical Board of California and the Dental Board of
20 California shall pay the state administrative costs of implementing
21 this section.

22 (g) Nothing in this section shall be construed to require
23 mandatory continuing education of physicians and dentists.

24 SEC. 2. Section 2198 of the Business and Professions Code is
25 amended to read:

26 2198. (a) This article shall be known and may be cited as the
27 Cultural and Linguistic Competency of Physicians Act of 2003.
28 The cultural and linguistic physician competency program is hereby
29 established and shall be operated by local medical societies of the
30 California Medical Association and shall be monitored by the
31 Medical Board of California.

32 (b) This program shall be a voluntary program for all interested
33 physicians. As a primary objective, the program shall consist of
34 educational classes which shall be designed to teach physicians
35 the following:

36 (1) A foreign language at the level of proficiency that initially
37 improves their ability to communicate with non-English speaking
38 patients.

1 (2) A foreign language at the level of proficiency that eventually
2 enables direct communication with the non-English speaking
3 patients.

4 (3) Cultural beliefs and practices that may impact patient health
5 care practices and allow physicians to incorporate this knowledge
6 in the diagnosis and treatment of patients who are not from the
7 predominate culture in California.

8 (c) The program shall operate through local medical societies
9 and shall be developed to address the ethnic language minority
10 groups, as well as lesbian, gay, bisexual, and transgender groups,
11 of interest to local medical societies.

12 (d) In dealing with Spanish language and cultural practices of
13 Mexican immigrant communities, the cultural and linguistic
14 training program shall be developed with direct input from
15 physician groups in Mexico who serve the same immigrant
16 population in Mexico. A similar approach may be used for any of
17 the languages and cultures that are taught by the program or
18 appropriate ethnic medical societies may be consulted for the
19 development of these programs.

20 (e) Training programs shall be based and developed on the
21 established knowledge of providers already serving target
22 populations and shall be formulated in collaboration with the
23 California Medical Association, the Medical Board of California,
24 and other California-based ethnic medical societies, as well as
25 lesbian, gay, bisexual, and transgender medical societies.

26 (f) Programs shall include standards that identify the degree of
27 competency for participants who successfully complete
28 independent parts of the course of instruction.

29 (g) Programs shall seek accreditation by the Accreditation
30 Council for Continuing Medical Education.

31 (h) The Medical Board of California shall convene a workgroup
32 including, but not limited to, representatives of affected patient
33 populations, medical societies engaged in program delivery, and
34 community clinics to perform the following functions:

35 (1) Evaluation of the progress made in the achievement of the
36 intent of this article.

37 (2) Determination of the means by which achievement of the
38 intent of this article can be enhanced.

39 (3) Evaluation of the reasonableness and the consistency of the
40 standards developed by those entities delivering the program.

(4) Determination and recommendation of the credit to be given to participants who successfully complete the identified programs. Factors to be considered in this determination shall include, at a minimum, compliance with requirements for continuing medical education and eligibility for increased rates of reimbursement under Medi-Cal, the Healthy Families Program, and health maintenance organization contracts.

(i) Funding shall be provided by fees charged to physicians who elect to take these educational classes and any other funds that local medical societies may secure for this purpose.

(j) A survey for language minority patients shall be developed and distributed by local medical societies, to measure the degree of satisfaction with physicians who have taken the educational classes on cultural and linguistic competency provided under this section. Local medical societies shall also develop an evaluation survey for physicians to assess the quality of educational or training programs on cultural and linguistic competency. This information shall be shared with the workgroup established by the Medical Board of California.

SEC. 3. Section 2198.1 of the Business and Professions Code is amended to read:

2198.1. For purposes of this article, “cultural and linguistic competency” means cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including, but not limited to, the following:

(a) Direct communication in the patient-client primary language.

(b) Understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care.

(c) Awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations.